POSITIVE

VOLUME 5, NUMBER 2
SACRAMENTO, CALIFORNIA

Spring 1992

For people who are HIV positive and for those who are supportive

Lambda Community Center Library
Sacramento, CA

4th of July Quilt Panel Deadline Nears

by Sonya Cox
MGW AIDS/HIV Editor

The NAMES Project, a lasting symbol of love created from the heart of San Franciscan Cleve Jones, displayed the Memorial Quilt for the first time on the Capitol Mall in Washington, D.C., on October 11, 1987. The Quilt contained 1,920 panels, and half a million people visited the Memorial that weekend.

More than 136,000 Americans have now lost their lives to AIDS, and the Quilt has grown to 15,000 panels, each dedicated to the memory of a fallen loved one. The display of the Quilt this October, again in Washington, D.C., may well be the last time it can be shown in its entirety because of its size. More than 2 million people have seen the memorial display in the past four years, and the upcoming showing – just prior to the November elections – is expected to draw an enormous amount of attention.

For the NAMES Project to place additional panels in the October display in D.C., panels must be in their hands the first week of July. Once panels are received, they are stitched together in sections containing eight panels each. More than 168,000 feet (32 miles) of thread have been used so far to hold the panels together.

Mark Bauer of the Sacramento AIDS Foundation's Hand-to-Hand Project is coordinating the collection of Sacramento panels. They must be in Mark's office (920 20th Street) by July 4th. From Sacramento, they will be taken by Frances Wright of the Foundation's "Mothers Support Group" to the NAMES Project in San Francisco. For specific details, call Frances at 646-6122.

Panels can also be taken directly to San Francisco early in July. Call 415/863-5511 for more information.

Panel Information: Design your panel, with the name of your friend or loved one; use dates of birth and death, a hometown or the name of the town the person called home, and anything you wish for your memorial (a favorite shirt, etc.).

*See **Quilt** on page 11*

HIV antiproteases: A New Weapon Approaches Clinical Trials

by Joe R. Neel

A new approach to stopping HIV proliferation inside infected cells may soon be ready for human efficacy trials, perhaps as early as summer.

More than a half-dozen drugs that block HIV protease, an enzyme that appears to be essential for making HIV infectious, have been developed or discovered by pharmaceutical manufacturers and the National Institutes of Health.

HIV protease is a member of the aspartyl-protease family, which includes such notables as pepsin and angiotensin-converting enzyme.

Work on finding an HIV-protease blocker has taken two basic approaches: (1) test currently known blockers of aspartyl proteases *in vitro* and in animals; and (2) examine the 3D shape of HIV protease and use molecular tools to design and synthesize possible blockers.

In 1990 R.L. DesJarlais at SmithKline Beecham and colleagues found that the antipsychotic drug haloperidol blocks HIV protease *in vitro* – though only at concentrations 1,000 times higher than therapeutic levels, which are far too toxic to be considered for clinical use, they caution. But haloperidol's 3D shape fits snuggly into the HIV-protease docking pocket – suggesting yet another jumping-off point for drug designers.

Other less-toxic candidates for HIV-protease blockade, while also showing promise during *in vitro* anti-HIV experiments, have fallen by the wayside after animal trials. Finding a formulation-and-delivery method that provides optimal serum concentrations has proved to be a substantial stumbling block.

Nevertheless, there appears to be general agreement that four or five companies have antiproteases that have cleared or are about to clear the formulation/delivery hurdle. Two may enter clinical efficacy trials this year.

In the early stages of antiprotease development, Luc Montagnier of the Pasteur Institute and others warned that finding an aspartyl-protease inhibitor that selectively blocks HIV protease might also shut down normal cellular processes that depend on aspartyl protease.

"Drug designers speculated that a special delivery system, such as liposomes or a monoclonal antibody-toxin conjugate, might be needed to get a blocker to infected cells.

Other questions awaiting the rigors of a clinical trial include hepatotoxicity and drug-resistance. Scientists say they have been sobered in recent months by the spectre of drug-resistance and say they cannot rule out the possibility that HIV strains resistant to antiproteases might develop, though there currently is no evidence to support this fear.

While drug-company scientists admit to a yen for an antiprotease drug that could be a stand-alone therapy for HIV, most believe that protease blockers ultimately will be used in combination with other drugs. Zidovudine, ddI, and ddC all inhibit reverse transcriptase at the beginning of the virus' life cycle, while protease inhibitors act at the intermediate stage of viral assembly, after DNA has been copied. Preliminary *in vitro* studies have suggested that adding protease inhibitors to zidovudine produce an additive, and possible synergistic, anti-HIV effect. There is also some evidence that antiproteases have an effect on the early stages of the HIV life cycle, though scientists are not yet sure why.

– PAAC Notes

VIII International Conference AIDS/III STD World Congress

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For information on registration write:
Harvard AIDS Institute
8 Story Street
Cambridge, MA 02138

AIDS Memorial Grove Brings Epidemic into Full View

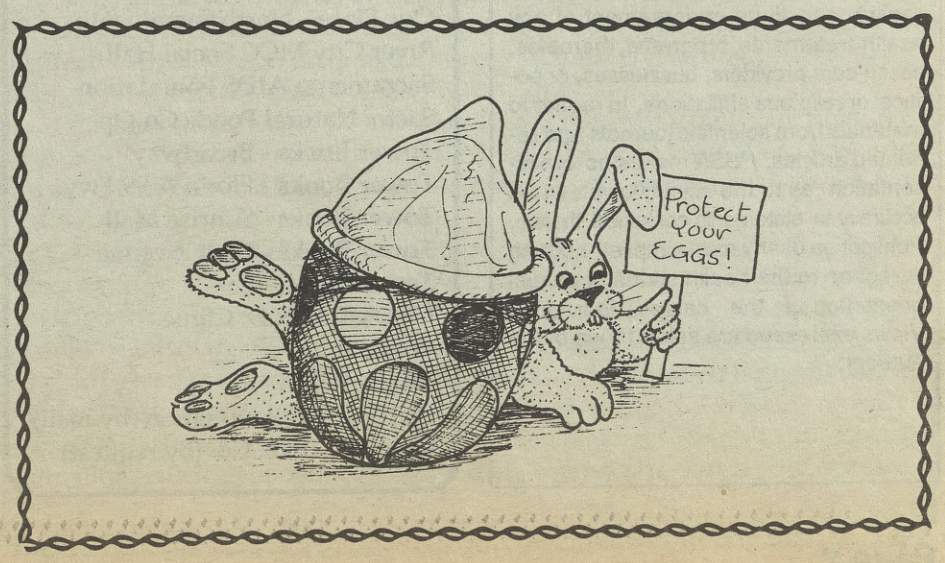
by Sonya Cox
MGW AIDS/HIV Editor

As we stood there that Sunday morning and watched the first shovelful of soil set aside, making way for the tiny tree that symbolized a life lost in the AIDS epidemic, we knew the powerful feelings we shared would grow and flourish – just as surely as the Memorial Groves would live on, and just as surely as the AIDS statistics would continue to climb.

More than 580 Sacramentans have now lost their lives in this crisis. Propelled by the loss of friends and strangers, and searching for a way not only to remember those who have died, but also to help make the entire city aware of the devastation and pain of this terrible time, the River City Democratic Club (RCDC) has created a living remembrance – the AIDS Memorial Trust.

In conjunction with Cal Trans, which is authorizing encroachment easements on Sacramento freeways for the project

*See **Memorial** on page 11*



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Editorial Policy:
* The Editors reserve the right to refuse any submitted material for any reason.
* Submitted materials may be edited for length and clarity.
* PSSN reserves the right to refuse sexually explicit ads. Ads will run for three consecutive issues, unless cancellation is requested prior to publication of third issue. All ads must be resubmitted after each three-issue run.
* Editorial policy is subject to change at the discretion of the Editorial Board.

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AIDS Response Programs Grant Update

by Craig Spatola
Health Educator
LAMBDA AIDS Response Programs

The LAMBDA Center's grant from the Sacramento County Health Department to develop and implement activities to educate people about HIV / AIDS issues, and ultimately to help reduce the spread of HIV, has accomplished much since it was initiated on July 1, 1991.

Some of our outreach aims at reducing the spread of HIV through educating people and increasing their comfort levels for discussing sexual issues surrounding HIV and AIDS. Other approaches help people with self-esteem issues become more capable of making healthy decisions pertaining to sexual behavior.

The all-day "Keeping It Up" workshop pushes people's comfort zones and asks them to look inwards at themselves. It is an intense confrontational workshop designed to make people *think* ... about the way they treat others, about the way they in turn are treated, about the erotic side of safer sex, about what behaviors put them at risk for HIV and other STDs, about improving themselves, and about *why* these things occur or should even be of any importance to them. The Center held two "KIUs" in this grant year, and as always, they were both successful. More than 120 men attended the two workshops, 104 of whom committed to reducing their risk for contracting or spreading HIV. We exceeded our totals for this objective.

The Youth Group meets every Friday at 5:45 p.m. The total attendance to date has been more than 321 gay, lesbian, and bisexual youth. The Youth Group is a rap group designed to address subjects pertinent to youth, and is facilitated by volunteer professional counselors. We have exceeded our goals with this objective too, and have recently hired two Youth Outreach workers to create a specifically peer-led Outreach program, to augment and expand youth services at the Center.

The *PSSN*, which you are reading, is partially funded by the grant. Our grant asks that we ask you the reader to respond to the surveys which we distributed last November. If you still have it, please return it now. Out of 8,000 surveys distributed, we only received 55 responses. So this objective remains incomplete.

Our Men's Coming Out Group meets every Monday at 5:30 p.m. It is a men's rap group that focuses on coming out as a lifelong process. Topics range from gay pride to safer sex, and in-between. Attendance-to-date has been more than 521 men.

LAMBDA U is a series of workshops designed to educate the gay and lesbian public on issues from S & M to Real Estate and Stress Reduction.

Another prevention approach is our Youth Outreach. Our original goal was to reach 300 gay and bisexual youth and educate them about HIV transmission and risk reduction. We have surpassed our goal more than eight-fold, successfully reaching more than 2,500 youth. More than 441 of these youth have committed to reducing their risk for HIV infection and preventing the spread of HIV practicing safer sex.

Through adult outreach we were committed to reaching 2,000 gay and bisexual men and educating them about reducing their risk for contracting HIV and committed at least 700 of them to practicing safer sex. We have reached more than 8,000 men through our outreach efforts, more than 1,300 of whom have made the commitment to practice safer sex.

Thank you for your continuing support of our efforts here at the LAMBDA Community Center's AIDS Response Programs.

PSSN Outlets Expanded

Albertson's - Truxel Road
The Beat Records
Bel Air Market - South Natomas
C.A.R.E.S. Clinic
County Jail - 6th & I Sts.
Faces
Fox & Goose
Greta's Cafe
Incredible Edible
Java City - 18th & Capitol
Java City _ Galleria
Judy's Books
LAMBDA Community Center
Lioness Books
Mercantile House
New Helvetia Coffee Co.
North Hall AA Group
Our Place - North Sacramento
River City MCC Social Hall
Sacramento AIDS Foundation
Sacto. Natural Foods Co-Op
Tower Books - Broadway
Tower Books - Florin & 99 Fwy.
Tower Books - Sunrise Mall
Tower Books - Watt Avenue
Town House
UCDMC A.R.D. Clinic
Western
Wreck Room
Placer AIDS Foundation (by mail)
Vacaville Book Co. (by request)

Miss Hellena is on vacation, but is looking forward to responding to your inquiries when she returns.

PSSN DEADLINE
May 11 is the deadline for copy for the Summer 1992 issue of *PSSN*. Mail copy to the *PSSN*, LAMBDA Center, P.O. Box 163654, Sacramento, CA 95816.

Mark Your Calendar!

April 13 - "Legal Issues Around HIV " 7-9 p.m., Sacramento AIDS Foundation, 920 20th Street, Sacramento; Call 448-2437.

April 25 - "Moving Toward the Cure," 9 a.m.-1:30 p.m., Sutter General Hospital, 28th & L Streets, Sacramento; Call 448-7444 or 489-2314.

April 25 - "HIV Update 1992," 7:45 a.m.-5:15 p.m., UCDMC Cancer Center Auditorium, X and 45th Streets, Sacramento; Call 734-5390.

May 15 - "Pediatric HIV - The Emerging Challenge," 8:30 a.m.-4:30 p.m., Sheraton Rancho Cordova Hotel, 11211 Point East Drive, Rancho Cordova.

*One Friday evening of each month is set aside by the Sacramento AIDS Foundation (920 - 20th Street) for its popular MENS ("Meeting Erotic Needs Safely") session on safer sex practices. They discuss how to negotiate safer sex; how to get more safety, pleasure and fun from condoms; other topics. Your sex life doesn't stop with an HIV diagnosis. Learn how to enjoy life whether you're positive or negative. Call SAF at 448-2437 for upcoming dates.

Psychoneuroimmunology: Jacobson's Progressive Relaxation

by Joseph R. Marszal

One of the factors that is generally detrimental to the functioning of the immune system is the inability to cope with a stress factor. One cannot fully avoid stress; it's an inevitable result of living in an urban environment. A stress factor normally mobilizes the nervous system to be able to respond to and disengage from the stressor in an immediate way. This reaction, called the fight/flight response, activates the sympathetic nervous system which orients the body to deal with the stressor by elevating the heart rate, increasing muscle tension and releasing adrenaline into the system. This is a normal reaction to stress.

The problem occurs when one is not able to deal with the stress factor either by disengaging from it or actively removing it. Then the nervous system becomes locked into this response, resulting in chronic muscular tension and the overproduction of adrenaline which is immunosuppressant over time.

One way of breaking this lock is by re-educating the neuromuscular system through Jacobson's progressive relaxation. The method consists of a series of simple contraction/release techniques that work with specific muscle groups throughout the body. By bringing to conscious awareness the experience of contraction and release, chronically tense muscles relax and the sympathetic nervous system's hold is broken.

Though best learned under individual or group supervision, a typical lesson is described below for your own exploration. There are four requirements which are essential to learning this method: 1. Regular practice, like any other new skill; 2. A quiet, undisturbed atmosphere; 3. A comfortable body position lying down; 4. A passive and receptive attitude.

Begin with diaphragmatic breathing or what is called belly breathing – as you breathe in and out, allow the movement of the breath to happen only in the belly. Then do some combination breathing with the chest and diaphragm – breathing first into the belly and when that is filled continue the in-breath, filling the chest. On the out breath first breathe out of the belly and then continue breathing out of the chest. Settle into an easy rhythmic breathing pattern, with the abdominal muscles relaxed, and the diaphragm doing all the work (the diaphragm is your major breathing muscle located right under the lower ridge of your rib cage all the way around the torso). Do this lying on your back with the proper pillow supports so that you can easily relax.

Coordinate the following exercises with the breathing rhythm – contract the associated muscle group with the in-breath, and let go quickly without effort of the breath and contraction to relax. All exercises should be done with minimal effort; the relaxation period is most important. Concentrate so that you may establish new habits for your muscles.

- Bend fingers, wrist, and elbow (flexion pattern). Relax.
- Straighten fingers, pull back wrist and stiffen elbow (extension). Let go.
- Roll arm inward (inward rotation). Let go.
- Roll arm outward (outward rotation). Let go.
- Bend hip, bend knee, press heel into floor, curl toes (flexion). Let go.
- Straighten leg, pull toes and foot up and back, stiffen knee, push straight leg into bed (extension). Relax.
- Roll leg inward (inward rotation). Relax.
- Roll leg outward (outward rotation). Let go.
- Check breathing pattern and rhythm, thinking back to each arm and each leg. They should feel heavy and relaxed. As a muscle relaxes, it softens and lengthens. Concentrate, the exercise is not more important than the rest period.
- Squeeze buttocks together (attempt to use gluteals and anal sphincters). Relax.
- Arch back keeping shoulders and hips on floor (erector spinal group). Let go.

*See **Relaxation** on page 10*

More Cases of HIV Seen in Rural Areas

by Edwin Chen

WASHINGTON – The federal government has unveiled a new $1.5 million AIDS education campaign aimed at women, teenagers and residents of rural America – people who may think AIDS can never reach them.

The estimated 1 million Americans infected with the human immunodeficiency virus continue to be predominantly gay men and intravenous drug users, said Dr. Louis W. Sullivan, secretary of the Department of Health and Human Welfare. However, "the epidemic is spreading most rapidly today among heterosexuals, among teens and young adults and in areas outside of our big cities," he said.

New government data shows new AIDS cases in metropolitan areas rose by less than 5 percent last year and by three times that in rural areas.

At the heart of the campaign are messages in fresh brochures, posters and public service announcements being distributed nationwide. Most will list a hotline number for added information, either a local one or the national number, 1-800-342-AIDS.

But AIDS advocacy groups criticized the campaign material as too vague. The advertisements show young people, one walking in the countryside, another sitting on a basketball court.

All are alone.

"I'm 19 years old," Peter Zamora says in one ad. "And two years ago I found out that I had HIV, the virus that causes AIDS. But ... my friends didn't learn a thing from all this. They're still doing what I did that got me infected."

The ad doesn't say what that was. And that's not enough to satisfy AIDS activists like Ernesto Hinojos, director of education for the Gay Men's Health Crisis.

"Don't tell people to get the facts about AIDS – tell them what the facts are," Hinojos said. "Use condoms and a water-based lubricant when having sex. If you must share drug paraphernalia, clean your needles and works with bleach first."

However, Sullivan argued: "Today, most Americans are knowledgeable about how HIV is transmitted and how transmission can be prevented. Yet far too many do not believe themselves to be at risk, even when their behaviors indicate otherwise."

The Associated Press contributed to this report.

– Los Angeles Times

"The number of new AIDS cases diagnosed per year in rural areas of California is expected to increase by nearly 50% between 1989 and 1993. – California HIV/AIDS Update

TB Outbreak Feared

by Sonya Cox

AIDS scientist Dr. Anthony Fauci, assistant director of AIDS Research, National Institutes of Health, warns that the spread of drug-resistant tuberculosis (TB) may become as serious a health threat as AIDS. TB is now being found in more and more people with HIV infection, and is capable of being transmitted to health care workers and ultimately to other non-HIV people in the country.

Dr. Fauci says this threat may turn out to be a major one. He adds that more researchers are needed, and that major efforts need to be quickly directed at developing new drugs and vaccines.

After decades of decreasing incidence, the disease resurged with growing numbers in 1984. This new epidemic appears to have several characteristics of special concern such as (1) a prevalence of strains that are resistant to drugs, (2) the unreliability of the basic TB skin test in people with HIV, and (3) a growing number of instances in which the disease affects organs other than the lungs.

TB appears to spread easily not only among people with a suppressed immune system, but also among people in homeless shelters, incarcerated prisoners, and injection drug users. Nationwide, it is increasing faster among Black Americans than any other ethnic group.

TB is one of the opportunistic infections that can occur early in the course of HIV infection, and can spread from a person with HIV to a person without HIV. It is caused by infection with the organism *Mycobacterium tuberculosis*. It can be fatal if left untreated, but ordinarily can be successfully treated both in people with a healthy immune system and in those with HIV infection. It spreads from person to person almost exclusively through aerosolized droplets which can infect the lungs when inhaled.

Sacramentans with HIV infection should see their health care provider promptly if symptoms of persistent cough, sputum production, fever, or weight loss occur. Chest X-rays, skin testing and sputum analysis are the initial tests.

In people with HIV infection, more complex procedures, such as bronchoscopy or culture of bone marrow or lymph node specimens, may be needed to confirm a TB diagnosis. Without specific testing, TB in the lungs could be misdiagnosed and treated as PCP pneumonia or MAC.

In light of the health risks to both infected and uninfected individuals, TB poses a serious problem for the next several years. Control depends on early diagnosis and treatment and devoting adequate resources to the social situations, such as homelessness and drug use which encourage its spread.

Treatment News

AMA Delegates Support Change in Consent Rules for HIV Testing

LAS VEGAS - Patients who sign a general consent form upon entry to a hospital should be able to be tested for HIV without specifically granting permission for the test to be performed.

That was the decision of American Medical Association (AMA) delegates at the association's interim meeting, but it remains to be seen how much weight their action will carry.

The Centers for Disease Control (CDC), Atlanta, "will look forward with interest" to see how the AMA's decision affects HIV testing, said Dr. Gary Noble, deputy director of the CDC for HIV programs.

The CDC's recommendations state that patients in acute care settings have the right to refuse HIV testing.

Under the concept approved by the delegation, HIV tests would be considered no different than any other serologic analysis that is ordered by medical personnel in the course of patient hospitalization.

Although the resolution was supported by several surgical specialities and the hospital staff section, many physicians in primary care spoke against it, arguing that it breaches the trust between patient and health care provider.

Dr. Ronald Davis, of the American College of Preventive Medicine, predicted that endorsing HIV testing in this manner would prompt patients to turn the tables on physicians by insisting that health care professionals undergo the same kind of scrutiny.

Dr. Cyril Hetsko, an internist from Madison, Wis., who also opposed the concept of allowing general consent to encompass HIV testing, observed that his home state has a loophole. Patients can be screened for HIV without granting permission if a health care worker has been exposed to their blood, but that is the only time testing is allowed without specific permission by the patient.

Dr. Nancy Dickey, of Richmond, Tex., a family physician and AMA trustee, stated in a news conference after the vote that the position taken by the delegates does not lessen the need for counseling about the test. Results always should be made available to the patient.

- Internal Medicine News & Cardiology News

Topical Alpha Interferon Formulation Found 'Useful Modality' in Treating Genital Herpes

Interferon Sciences, Inc. (ISI) announced that the March 1992 issue of Antiviral Research reported promising results of a study of an investigational topical (dermatological) formulation of alpha interferon in the treatment of recurrent genital herpes, one of the most common sexually transmitted viral diseases. The study, which was conducted in eight medical centers – six in the United States and two in Canada – was sponsored by ISI. Interferons are a group of antiviral proteins which occur naturally in humans and animals.

The study's findings indicated that treatment with recombinant alpha interferon worked faster than a placebo in stopping herpes virus shedding (the period when the disease is believed to be most contagious) in males and females, according to Dr. M. Lebwohl of New York's Mount Sinai Medical Center.

The interferon formulation also was faster than a placebo in eliminating pain and itching in male patients, and appeared useful for treatment of recurrent genital herpes.

Genital herpes afflicts nearly 30 million Americans, according to the U.S. Department of Health and Human Services. It is estimated that each year 300,000 to 500,000 people in the United States contract genital herpes, a viral disease usually caused by the herpes simplex type II virus.

Its most common symptoms are pain, discharge and itching. Although it is believed not to be life-threatening to adults, the disease is viewed as a serious threat to pregnant women, who can experience spontaneous abortion or premature delivery. The disease also poses a serious threat to newborns exposed to it during childbirth.

– AIDS Weekly

AIDS on the Rise in Native Americans

by Anthony Newman
Los Angeles Bureau Chief

Physicians who work with American Indians and Alaska natives are honing their skills as managers of HIV infection and AIDS, a task requiring sensitivity to cultural differences.

The number of new diagnoses of AIDS and HIV infection is increasing rapidly in this population - perhaps faster than in any other ethnic group.

Although only 312 cases of adult and pediatric AIDS in these populations have been reported to the Centers for Disease Control since 1981, almost all of these diagnoses have been made within the last few years and none, before 1984, said Dr. Emmett Chase, national coordinator for AIDS with the Indian Health Service, Albuquerque, N.M.

This probably is an underestimate of the true number of AIDS cases. He suspects that as many as 75 percent of American Indians may be miscategorized by physicians as "other" or "Hispanic," often simply because they make a wrong guess and never ask patients about their ethnic background.

"Right now, my guess would be that there are closer to around 900 American Indians with AIDS," with 10 times that infected with HIV, Dr. Chase said.

American Indian and Alaska Native populations are especially at risk for high rates of HIV infection because the young are often disaffected, turning to drug use and casual sex as a means of escape. In many Indian communities, one-half the population is under 16 years of age, and sexually transmitted diseases and pregnancy among teens are rampant.

Among Indians as a whole, rates of IV drug use are just as high as among other minority groups.

Joan Takehara, public health advisor for communicable disease control with the Indian Health Service-Aberdeen Area, Rapid City, S.D., said there are other transmission concerns that are unique to Indians. In some traditional communities, ceremonies and rituals are performed, which involve the piercing and cutting of skin with instruments that are shared by many people.

To lessen the risk of transmission, Ms. Takehara, a member of the Sioux tribe, has given disposable scalpels and alcohol pads to spiritual leaders and warned them that AIDS could be transmitted during the ceremonies if they don't practice sterile technique.

Medicine men and ritual leaders have been receptive to her recommendations. She has run into more opposition trying to convince tribal leaders that AIDS education can help limit the spread of the disease among their young people. However, there are signs that this attitude is giving way to more realism.

Most HIV is transmitted among Indians through IV drug use and unprotected sex.

Many Indians find it difficult to talk about their sexual history unless it is clear that they can trust their physicians. Unfortunately, work in Indian communities is often so demanding that physicians experience burnout after just 2 or 3 years of work - just when the members of these communities have begun to feel at ease, he said.

Physicians must be willing to ask a

See Rise on page 10

HIV Test for Herpes Patients Under 50 is Advisable

SAN FRANCISCO - Offering HIV counseling and testing to herpes zoster patients under the age of 50 is an advisable practice, stated Dr. Timothy G. Berger at a program on care of the AIDS patient sponsored by the University of California, San Francisco, School of Medicine.

Herpes zoster is the initial manifestation of HIV disease in up to one-eighth of HIV-infected persons. It usually precedes the development of oral hairy leukoplakia and thrush by about a year, said Dr. Berger.

Because herpes zoster is not commonly seen in young patients who are not immunocompromised, it is often the first tip-off to a diagnosis of underlying HIV infection. Not discussing the possibility of HIV infection could delay diagnosis and treatment.

Early diagnosis might allow the patient to reap more of the benefits that can now be achieved with antiviral therapy, the physician said.

In HIV-infected patients, herpes zoster may sometimes develop at the same time as other cutaneous manifestations of HIV infection such as psoriasis or seborrheic dermatitis.

Usually the course of zoster is uneventful. Lesions typically respond to acyclovir. If acyclovir resistance develops, foscarnet is recommended.

– Internal Medicine News & Cardiology News

Treatment News

Free ddC Available To Those Who Qualify

by Arturo Jackson III

The Hoffman-La Roche pharmaceutical company announced that it would distribute ddC free of charge to those who qualify for two new expanded access drug programs. One new program which company officials plan to institute will distribute ddC nationwide to individuals who are HIV-positive, have HIV-related symptoms and less than 300 T-helper (CD4) cells, or individuals who have remained asymptomatic but have less than 200 T-helper cells. The second program will distribute ddC to HIV persons with T-helper cells in the 300 to 500 range. The new Hoffmann-La Roche ddC distribution program is in response to a recent FDA investigation surrounding the quality of underground versions of ddC available at numerous buyer clubs. "Buyer clubs" around the country market alternative HIV treatments to the HIV-positive consumer.

FDA officials investigated underground ddC after consumer inquiries prompted the agency's attention. After testing samples of ddC from two different batches obtained from buyers clubs in New York and San Francisco, FDA investigators reported that some of the capsules contained no active ingredient, while others contained potentially dangerous amounts of the drug. After analysis of the drug the FDA "strongly urged" the immediate halt of all underground sales of ddC, through buyer clubs effectively cutting off the supply of the drug to an estimated 4,000 to 15,000 people with HIV across the country. Preliminary research results have indicated that a combination treatment regimen utilizing AZT with ddC appears to have a greater anti-viral effect than either drug alone. The added benefit of the combination therapy is that less amounts of both AZT and ddC is required for anti-viral effectiveness, and consequently, the likelihood of toxic drug reactions is also greatly reduced.

The paperwork involved with the first phase of the ddC distribution program is being streamlined, so that the drug will reach individuals demonstrating an urgent need for ddC and subsequent combination anti-viral therapy. Some HIV advocates have expressed concern that the anticipated required paperwork for the second phase of the ddC distribution program, which will make the drug available to HIV individuals with 300 to 500 T-helper cells, may discourage physicians from participating in the program.

San Francisco-based AIDS activist organizations, including ACT UP/Golden Gate, and Project Inform, have been actively involved in negotiations to make the drug available. ACT UP/Golden Gate has been urging the FDA to review preliminary data from ACTG 114, a trial involving 1,000 study participants, which has been monitoring the effects of AZT/ddC combination therapy, whose preliminary data, it is hoped, will expedite federal approval of the drug.

Physicians can contact Hoffmann-La Roche's ddC coordinating center at 1-800-ddC-21-HIV (1-800-332-2144) for complete program enrollment information.

AFFIRMATION

Smile at yourself in the mirror.

Researchers Report on SP-PG Effectiveness Against KS

by Arturo Jackson III

Researchers report preliminary laboratory tests show a naturally occurring bacterium was effective against Kaposi's sarcoma (KS), a cancer commonly diagnosed in people with AIDS. The bacterium, Arthobacter, is produced in the soil and is scientifically known as sulfated polysaccharide peptidoglycan (SP-PG) was more effective against KS in laboratory testing, and experiments on mice than the prescribed regimen of standard treatments. The principal researcher in the trial was Shuji Nakamura, a USC scientist formerly with the National Cancer Institute. Collaborators in the SP-PG research trial included the University of Southern California and Huntington Memorial Hospital in Los Angeles, the National Cancer Institute, and the Daiichi Pharmaceutical Company of Tokyo. The research results were published in the March 13, 1992 issue of *Science*, a scientific journal.

KS is characterized by an unusual growth of skin cells, usually pink to purplish in color, and sometimes shell-like to the touch. The lesions may appear anywhere, both on the skin and internal organs. Researchers have hypothesized that KS is the result of an unidentified co-factor which initiates growth of the endothelial cells, single layer cells lining the internal organs of the body. They multiply rapidly and form the lesions of KS. Among San Francisco's 11,668 residents diagnosed with AIDS between July, 1981 and December, 1991, 2,540 individuals received a dual diagnosis of Kaposi's sarcoma. (In Sacramento County, 18 percent of the over 800 patients with AIDS also had KS.)

The researchers reported that SP-PG was found to control the growth of KS cells in cultured test samples.

"It's too early to make a reasonable prediction on the benefits of SP-PG for people with Kaposi's sarcoma," stated Martin Delaney, executive director of Project Inform, an HIV treatment information organization. The results are preliminary as the prospects for SP-PG move towards full scale safety and effectiveness testing in human trials.

Delaney advised people coping with a KS diagnosis to investigate other drug trials which have shown promising potential against Kaposi's sarcoma.

Sharp Rise in Reports of AIDS Likely Under New Case Definition

by Barbara Baker
San Francisco Bureau Chief

SAN FRANCISCO - The new Centers for Disease Control case definition for AIDS will dramatically increase the number of individuals classified as having AIDS and will put an added responsibility on physicians. Whether it will prove clinically helpful is uncertain, Dr. Michael J. Clement said at a program on care of the AIDS patient sponsored by the University of California, San Francisco, School of Medicine.

As of April of this year, all HIV-infected people, regardless of symptomatology, will be characterized as having AIDS if their CD4 lymphocyte counts are less than 200 cells/cu mm. Those people with higher CD4 counts but who have a clinical condition included in the 1987 CDC surveillance case definition for AIDS, such as *Pneumocystis carinii* pneumonia, will continue to be classified as having AIDS.

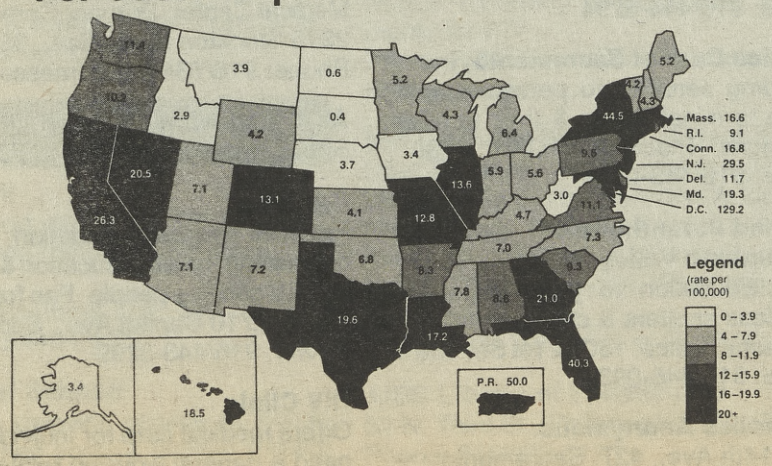
Of the estimated 1 million people infected with HIV in the United States, about 160,000 individuals without an AIDS-defining illness are thought to have CD4 cell counts less than 200/cu mm. About half of people diagnosed with HIV infection and with CD4 counts less than 200/cu mm do not meet the 1987 AIDS surveillance case definition, according to a draft document on the revised classification system for HIV infection issued by the CDC last November.

The notion of including patients with low CD4 counts, regardless of the presence of symptoms, in the case definition of AIDS is based on the finding that this parameter consistently correlates with disease progression and is needed to guide medical management.

At first, many in the medical community thought that this expanded AIDS definition would mean more people would be presumed to be disabled because of their AIDS diagnoses. They would therefore have increased access to care through state-funded programs.

See Sharp on page 10

U.S. AIDS Annual Rates Per 100,000 Population For Cases Reported Dec. 1990-Nov. 1991



Adapted from HIV/AIDS Surveillance, Atlanta, Centers for Disease Control, December 1991.

RESOURCE

Support Groups

HIV+ Emotional Support Group
Facilitators: John Linder, Will Green
Place: Buhler Building, 2800 L St., classroom #1, 95816
Time: 1st & 3rd Wed., 7:30 p.m.
Pager # 762-6282

The Positive Group
Membership: HIV+ substance abusers & their significant others. Fee: none
Contact: Vicki or Lon, The Effort
Phone: 916/444-6996
Place: 1820 J St.
Purpose: Emotional support and a place to discuss status and/or drug problems.

AIDS/ARC/HIV+ North Hall AA Group
Open to everyone with a desire to stop drinking.
Time: Sun., 4 p.m.
Place: MCC, 2741 34th St.

Brother to Brother
Membership: Gay African-American HIV+ men's support group. Dealing with HIV, ARC or AIDS? Tired of not being counted?
Contact: Project Survival, Fee: none
Phone: 916/454-0516
Time: Mon., 7 p.m.
Place: Call for location
Purpose: Emotional & social support. Strictly confidential.

Grupo Para Latinos
Infectados y afectados con la virus HIV, Latinos de Habla Hispana o Bilingues.
Facilitado por Gloria Avelas, LCSW
Telefono: 916/448-2437
Tiempo: Cade otro lunes, a las 6 p.m.
Lugar: SAF, 920 20th St.

MCC People Together
Membership: People who are HIV+, ARC or AIDS, or other catastrophic illnesses & those who love & support. Fee: none
Contact: Sandy or PJ
Phone: 916/454-4762
Time: Tues., 7:30-9 p.m.
Place: RCMCC Activity Center, 2741 34th St.
Social & spiritual support group sponsored by the River City Metropolitan Community Church. Everyone welcome.

Sister to Sister
Emotional & social support for women of color who are HIV+, ARC or AIDS. Childcare & transportation available. Fee: none. Contact: Rosie Cristian, Project Survival. Phone: 916/454-0516
Time: Mon., 5-7 p.m.
Place: 3501 Broadway

Support Groups for Partners, Family & Friends

Grief & Bereavement Support Group
for family & friends of people with ARC/AIDS or who are HIV+.
Contact: Stacie Blaine, MFCC Intern
Phone: SAF, 916/448-2437
Time: Mon. 6-8 p.m. Call for location.

HIV+/AIDS Family Support
Emotional support for parents & adult siblings, among the HIV/AIDS spectrum: diagnosis through bereavement.
Fee: none
Contact: Pastor Todd VanLaningham
Phone: 916/483-5691 or 916/456-9642
Time: 1st & 3rd Thurs., 7-8:30 p.m.
Place: Lutheran Church of Our Redeemer, 4641 Marconi Ave. at Mission

Parents Support Group
Membership: Education and emotional support for parents of adults & children with hemophilia. Fee: none
Time: 3rd Thurs., 7-8:30 p.m.
Place: 2100 Capitol Ave., 95816

Mothers Only Support Group
Membership: Mother's peer support group. Contact: Frances Wright, 916/646-6122. Fee: none
Time: Tues., 1:30 p.m.
Place: SAF, 920 20th St., 2nd floor
Purpose: Support for mothers of people with HIV, ARC & AIDS & mothers who have lost sons & daughters to AIDS.

Support Group for Loved Ones
Now forming. Partially instructional and partially sharing. Open to the general community. For information, call Sandi Kiehn at CARES, 443-3299.

Spiritual Groups

Suicide Prevention
Volunteers available 24 hours to help individuals through times of crisis. TTD capabilities for the hearing impaired.
Emergency: 916/368-3111
Office: 916/368-3118.

Transformational Energetics
Workshops on transformation & healing primarily focused on deep healing issues for people with HIV & other life-threatening illnesses.
Contact: Michael Dulling, MD
Phone: 916/422-1234
Fee: negotiable

Support Services

Sacramento AIDS Foundation
Provides regional AIDS case management, AIDS education, client service, benefits counseling. Hand to Hand emotional & practical support volunteers available to clients diagnosed ARC/AIDS.
Place: 920 20th St., 2nd floor
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/448-2437

Freedom from Smoking Clinic
Free self-help program available Mon. at 5:30 p.m. A one-time orientation meeting with full program packet. Bob Hall, licensed counselor available for free individual help.
Place: LAMBDA Community Center
Phone: Sue 916/442-0185 for info

Women's Support
Education & emotional support for women with HIV/ARC/AIDS. Fee: none
Contact: Donna Robertson, Sacramento AIDS Foundation
Phone: 916/448-2437
Time: Call for time and location.
Purpose: Education & emotional support for women with HIV/ARC/AIDS.

Del Oro Regional Resource Center
Membership: Brain impaired adults
Contact: Connie Garver
Information & referral contractual service for legal & financial advising, counseling, respite care & referral to support groups. Place: 3625 Mission Ave., #300, Carmichael, 95608
Phone: 916/971-0893

CARES Clinic
Provides counseling, early intervention/medical attention to HIV+ individuals.
Place: 2710 Capitol Ave.
Hours: Mon.-Fri., 9 a.m.-5 p.m.
Phone: 916/443-3299.
Fee for service

AIDS Survivors of Nevada County Inc., (ASNC)
Membership: All HIV+ persons in Western Nevada County, since 1989.
Support group meets every Tues., 7 p.m.; caregiver referral, HIV resource library, speakers bureau, social events. Professionally facilitated.
Phone: 916/265-2199.

LAMBDA Community Center
Information & resources to help the individual with HIV.
Place: 1931 L St., Sacramento, 95816
Hours: 10 a.m.- 6 p.m. Mon.-Fri.
Phone: 916/442-0185; info line: 916/447-5755.

Being Alive "Living Room"
Drop-in social time for people living with HIV at the LAMBDA Community Center every Thurs. from 2-5 p.m.
Place: 1931 L St., 95816
Phone: 916/442-0185.

Sierra AIDS Council
Support services for people dealing with HIV in Amador, Calaveras & Tuolumne counties. P.O. Box 1062, Sonora, CA 95370
Phone: 209/533-2873

W.C.I.C. (Women's Civic Improvement Club) Project Survival
Minority issues & AIDS
Place: 3501 Broadway
Phone: 916/454-0516
Contact: Nadine L. Roberts

The Effort
IVDU treatment program, AIDS education, counseling & confidential testing.
Place: 1820 J St., Sacramento
Phone: 916/444-6294

Hospice Care of Sacramento, Inc.
Providing services to persons coping with a terminal illness & their families.
Fee: none. Place: 2007 O St., #100
Phone: 916/443-0398

Planned Parenthood of Sacramento Valley
AIDS Education to youth detention, homeless shelters & classrooms.
Fee: none. Place: 1507 21st St., #301A
Phone: 916/446-0930

Alcoholics Anonymous
7500 14th Ave., #27, Sacramento
Phone: 916/454-1100

Gay AA Group "Trust the Process"
Time: Wed., noon-1 p.m.
Place: LAMBDA Center
Phone: 916/442-0185

Narcotics Anonymous
P.O. Box 162416, Sacramento 95816
Phone: 916/486-0465

Gay N.A. Group "Lavender Nights"
Time: Mon. & Fri., 8 p.m.
Place: Lambda Center
Phone: 916/442-0185

Placer County AIDS Foundation
12183 Locksley Lane, Auburn 95603.
Support services for those dealing with HIV in Placer County & surrounding areas. Phone: 916/889-2437

Positive Alternatives
A networking group providing information on herbs, vitamin supplementation and experimental drugs in relation to HIV disease.
Place: LAMBDA Center (20th & L Streets)
Time: 2nd Weds., 7-9 p.m.
Phone: 916/446-5253
Please bring yourself, friends, any information you might have and a receptive attitude.

Legal

Sacramento AIDS Legal Referral Panel
Contact: June Black or Ellen Juarez
Phone: 916/444-6760
Fee: reasonable or no fees for AIDS-related matters
Place: 515 12th St.
(Must state that you were referred by the Sacramento AIDS Foundation).

Mental Health Providers

Mental Health Panel; counseling at reduced fees. Contact: Sacramento AIDS Foundation case manager, 916/448-2437; 920 20th St., 2nd floor, Mon.-Fri., 9 a.m.-5 p.m.

Medical Clinics

AIDS Related Disorders Clinic (ARDC)
Provides medical care to people with HIV disease.
Place: University of California, Davis, Medical Center, Primary Care Building, 2315 Stockton Blvd., Sac., 95817
Phone: 916/734-3282 (message)

AIDS Research Office UCDMC
Sheila Enders; Phone: 916/734-8282

CARES
Provides medical evaluation, personal counseling, health education & referrals for HIV positive people. Fee for service.
Place: 2710 Capitol Ave., Sac., 95816
Phone: 916/443-3299

HIV Clinic
Offers medical care for individuals who need a general work-up related to HIV infection. Fee: none.

G U I D E

Place: 1500 C St., Sac.
Phone: 916/440-5302

Infectious Disease Unit UCDMC
Phone: 916/734-3741

County AZT Program
Place: 2921 Stockton Blvd., Sac.
Phone: 916/732-3770

HIV Antibody Testing

Capitol Health Center
Place: 1500 C St.
Call for information & appointments for free, anonymous test.
Time: Wed. & Thurs. 8 am.-5 p.m.
Phone: 916/440-7720

The Effort
Call for information & appointments for confidential test.
Time: Tues. & Thurs. evenings.
Phone: 916/446-6467, after 3 p.m.

Hispanic AIDS Community Educational Resources
HIV anti-body testing with bilingual counselors.
Place: 7000 Franklin Blvd., #210
Time: Tues. evenings 5-7 p.m.
Phone: 916/392-7815 or 916/734-8282

Political

ACT UP/ Sacramento
A diverse, non partisan group of individuals united in hope and anger and committed to direct action to end the AIDS crisis. Affiliated with similar organizations around the U.S. and in several foreign countries. Confronts officials, protests, lobbies, and demonstrates.
1st and 3rd Wednesday of every month
900 V St., 8 p.m.
863-3025

Lobby for Individual Freedom & Equality (LIFE)
Statewide AIDS lobbying group representing 100 gay, lesbian & AIDS organizations
Place: 926 J St., #1020
Phone: 916/444-0424

Lambda Letters Project
Organizes letter writing campaigns expressing community opinions on women's issues, gay & lesbian rights & AIDS issues. The group also offers letter writing assistance to people who would like to express their viewpoints.
Phone: 916/965-6851

Food

Food Bank
Monthly food exchange. $13 for $40-worth of food (payable first Monday of month).
Contact: Shoshana Zatz, SAF
Phone: 916/448-2437

A Touch of Sabbatt
A monthly delivery service of home-made chicken soup & challah (bread) the last Friday of each month for people with AIDS or ARC. Free food closets
More info: 916/921-1313 or 916/482-1432

Products

Sunergy - Herb Food Concentrates
Sunrider nutritional products & philosophy formulated after the ancient Chinese tradition of nourishing the body with whole foods & the proper combination of herb foods.
Local distributor: Gina Milbourn
Phone: 916/991-0860

Reliable Medical Resources
Quality health care products ranging from personal AIDS/support equipment, incontinency protections & skin care products. Available at no cost to individuals with Medi-Cal/Medi-Care coverage. Lowest cost to insurance plans & private pay.
Phone: 916/383-6868

Information

Project Inform
Non-profit information resource group & hotline for alternative & experimental treatment updates including Compound Q, alpha interferon, AZT, aloe vera juice, ribavirin, DNCB, etc.
Hotline: 800/822-7422 or 415/928-0293.

AIDS Treatment News
Bi-weekly publication that covers up-to-date issues on alternative & holistic therapies. Subscription charge with a reduced rate for people with HIV. Write John James, P.O. Box 411256, San Francisco, CA 94141.
Phone: 415/255-6588

Treatment Issues
GMHC Dept. of Medical Info., 129 W. 20th Street, New York, NY 10011
(Published 10 times yearly)

National AIDS Information Clearing House
Local & national computerized resource listings & informational publications, many available free of charge to people with HIV such as the AmFAR (American Foundation for AIDS Research) Directory of Experimental Treatments.
Phone: 800/458-5231 or 212/719-0033

BETA (Bulletin of Experimental Treatments for AIDS)
Publication of the San Francisco AIDS Foundation. Educational resource for people reviewing experimental treatments for HIV.
Phone: 800/FOR-AIDS for sample copy & information

NIH (National Institute of Health)
Drug Trials Information -- toll free phone line with information on federally funded clinical trials researching AIDS treatments with information provided by APA MONITOR (American Psychological Association).
Phone: 800-TRIALS-A or 800/874-2572

AIDS Library of Philadelphia
32 N. Third St., Philadelphia, PA 19106
Phone: 215/922-5120

AM-FAR - American Foundation for AIDS Research
1515 Broadway, Suite 3601, New York, NY 10036-8901
Quarterly AIDS/HIV Treatment and Clinical Trials Directory
Phone: 212/719-0033

Community Consortium
3180 Broadway, Suite 201, San Francisco, CA 94110. Quarterly Directory of Bay Area Clinical Trials
Phone: 415/476-9554

DAVIES TRIAL SEARCH
Davies Medical Center, 45 Castro Street, San Francisco, CA 94114
Provides individuals with computerized list of trials for which they qualify.
Phone: 415: 565-6368.

Northern California AIDS Hotline 800/367-2437

AIDS Drug Hotline 800/334-7422

UC Davis Medical Library (MED-LINE) 916/453-3529

Persons with AIDS (PWA) Hotline 800/367-2437 or 415/861-7309

National Association of People with AIDS
2025 Eye St., NW, #415, Washington, D.C. 20006

Teen AIDS Hotline 800/234-TEEN

National Library of Medicine
(for subject searches).
AIDS LINE: 301/496-6095

The NAMES Project
Educating the world by remembering those who have died of AIDS by creating memorial quilt panels with love.
2362 Market St., San Francisco
Phone: 415/863-5511

California State University, Sacramento, Health Center
Place: 6000 J St.
HIV info line: 916/278-6461

California Association of AIDS Agencies 916/447-7199

HOPE HOUSE 916/446-0874

LIFE AIDS Lobby 916/444-0424

Sacramento County AIDS Services/Information 916/366-2922

San Francisco AIDS Foundation 415/864-4376

State Office of AIDS 916/445-0553

Stop AIDS Project 916/442-5801

Suicide Prevention 916/368-3111

Teen AIDS Hotline 1-800-234-TEEN

Women's Civic Improvement Center (WCIC) 916/424-2862

Religious Services

River City Metropolitan Community Church (RCMCC)
Place: 2741 34th St., Sacramento
Phone: 916/454-4762
Sunday Worship Services: 9 a.m., 11 a.m. & 6 p.m., Sunday School during 11 a.m. worship for Children 2-12. TV ministry on Channel 17, 7 p.m.

Newspapers
Available at LAMBDA Community Center

the latest ISSUE
Sacramento's newest magazine for the gay community & its friends; P.O. Box 160584, Sac. 95816
Phone: 916/737-1088

MGW Newspaper
First & oldest newspaper for the gay community; 1725 L St., Sac. 95814
Phone: 916/441-NEWS

Patlar
"Voice of Gay America"
P.O. Box 22402, Sacramento
Phone: 916/452-0769

BLK
BLK Publishing Company, P.O. Box 83912, Los Angeles, CA 90038-0912

The Sentinel
California's statewide gay newsweekly.
Phone: 415/861-8431 for subscription information.

Bay Area Reporter (BAR)
Excellent information & news source.
395 9th St., San Francisco, CA 94103
Available at the LAMBDA or Tower Books or by subscription: 415/861-5019.

Television

Being Gay Today
Programs from around the country, usually with segments on updates of HIV+ & AIDS health questions.
Channel 18, Tues. 10-11 p.m., repeated Thurs. 9-10 p.m.
Phone: 916/392-7025 for info

Workshops

The MENS Session
We all know we need to have safe sex, but maintaining changes in how we have sex can be very difficult. The MENS Session helps men adjust to those changes in a fun, sex-positive & information workshop. Fee: none
Phone: SAF 916/448-2437 for dates & times

LAMBDA U
An ongoing series of workshops on a wide variety of subjects.
Fee: none
Place: LAMBDA Community Center, 1931 L St., Sac. 95814
Phone: 916/442-0185

Healthy Living Series
Workshops on various health & wellness issues for people who want to learn ways to maintain & improve their health.
Phone SAF, 916/448-2437 for times & locations or to be placed on mailing list.
Facilitator to be named.

In The News

New SSA Disability Regulations: Same Old Problems

In December 1991, the Social Security Administration (SSA) announced the promulgation of a new "listing" governing the disbursement of disability benefits to persons with HIV. SSA proposes this new listing in response to charges that their past policies and procedures discriminated against women, injection drug users and low-income claimants.

SSA disability benefits are paid to people who are unable to work because of a physical or mental impairment, or combination of impairments, which can be expected to result in death or last at least one year. If a person with a severe impairment is not working, the individual will be awarded benefits if her impairment meets or is medically equivalent to the medical criteria in SSA's *Listing of Impairments* ("the Listings") in the SSA regulations.

Women and, in particular, women with a history of drug use, were especially hard hit by SSA's inappropriate reliance on the surveillance definition.

Until now, SSA has linked its rules for disbursing disability to persons with HIV to the Centers for Disease Control's (CDC) surveillance definition. Those who manifested an opportunistic infection in the CDC surveillance definition would automatically qualify

... Far from curing the years of discrimination, the proposed listing is inherently irrational and biased ...

For example, women with recurrent bacterial pneumonia, refractory pulmonary tuberculosis, chronic vaginal candidiasis, cervical dysplasia or cancer, chronic dyspnea, septicemia, chronic pelvic inflammatory disease, skin disorders, genital ulcers and recurrent herpes have often found it impossible to convince SSA that they were unable to work.

while all others had to prove that they were functionally disabled. Because the CDC's definition is based largely on studies of middle-class white men and has historically omitted the diseases which women, injection drug users and often poor people with HIV manifest.

Traditional sexist notions about gynecological complaints complicated the assessments and HIV clinics did not provide objective medical support for the claimant's testimony, as HIV clinics often lack a gynecological provider. Often medical records contain notes from physicians who ignore a whole spectrum of illness related to a weakened immune system if such illness is not described in the CDC's surveillance definition. Gravely ill women are simply labeled "asymptomatic." At that

See SSA on page 11

New Test Predicts AZT Effectiveness

by L.A. McKeown

AIDS researchers have found a new way to determine whether an AIDS drug is working, which they say appears to be more effective than the method currently employed.

Physicians from Beth Israel Medical Center in New York and two other institutions found that blood tests that measure triglyceride and interferon predicted whether the AIDS drug AZT was working. The blood test currently used measures CD4 or the helper white blood cell.

Triglycerides, and the immune system cell, a type of interferon, become elevated in people with AIDS.

Patients who were given AZT had rapid, significant decreases in their levels of triglycerides and the interferon, indicating the treatment was working, reported Donna Mildvan, M.D., in a recent issue of the British medical journal *The Lancet*.

The decreases in both substances lasted up to five months, said Dr. Mildvan, who is chief of infectious diseases at Beth Israel.

People given a placebo did not have any decrease in the two substances.

Currently, physicians use measurements of CD4 cells to determine when or when not to give AZT to AIDS patients.

"It's possible that these tests could be used in conjunction with measuring CD4 levels to tell when people should start receiving AZT," Dr. Mildvan reported in a recent interview.

--Medical Tribune

Public Health Officials Report Second Wave of HIV Infections

by Arturo Jackson III

A surprising consensus report on the expected number of new HIV infections in San Francisco has focused attention on prevention efforts locally, and has raised questions concerning the level of federal funding. The report, "HIV Incidence and Prevalence in San Francisco in 1992," estimates that there are 28,000 men, women, and children living with HIV in San Francisco, equalling approximately 4 percent of the city's population. The report, compiled by the Surveillance Branch of the AIDS Office, San Francisco Department of Public Health, and released in February, also estimated that 1,000 men, women, and children would become infected with HIV during 1992 alone.

The report estimated that there are 25,000 gay and bisexual men currently living with HIV in San Francisco. Among the projected 1,000 new cases of HIV infection, 650 will occur among gay and bisexual men; approximately 200 cases will occur among those between the ages of 17 and 25. The remaining 450 cases of HIV transmission will occur among older gay and bisexual men who either relapsed into unsafe sexual behaviors, or never adopted safe sex practices. Particularly alarming is the proportion of new cases of HIV infection among communities of color. Health officials have theorized that many of the projected new HIV infections is a result of prevention message campaigns not reaching these high-risk individuals.

"The report indicates that the HIV infection rate among gay and bisexual men of color, particularly African American and Latino, is twice as high, when compared to those of white gay men, stated Ken Jones, executive director of the STOP AIDS Project, a street HIV intervention program.

It is estimated that 1,700 heterosexual drug users (IDUs) are HIV-infected and living in San Francisco, with another 200 expected to become HIV-infected in 1992. Epidemiologists also projected that there are more than 1,100 women currently HIV-infected in San Francisco, and estimated that an additional 180 women will become infected with HIV in 1992.

"Our ultimate goal is to stop all new cases of HIV transmission in San Francisco," stated Dr. Sandra Hernandez, director of the San Francisco Public Health AIDS Office.

"This report indicates that we have significant work to be done in the high-risk populations; otherwise, we will be facing another 1,000 new cases of HIV infection and people who will need expensive health care to manage a disease that's preventable. We cannot afford to let up on our prevention efforts, because the job isn't done in San Francisco, or across the United States," she added.

AIDS Vaccine Budget Cut

WASHINGTON - Development of an AIDS vaccine could be delayed two to three years because of cuts in the proposed budget of The National Institutes of Health (NIH).

Anthony Fauci, M.D., assistant director of AIDS research at the NIH told a Congressional panel recently that Bush administration officials cut his budget request by more than 20 percent before submitting it to Congress.

The Administration asked lawmakers for $873 million for NIH-supported AIDS research in 1993. The NIH had requested $1.19 billion.

Because of the cuts, "something that needs to get done in three to four years may take two to three years longer," Dr. Fauci told the House Energy and Commerce subcommittee on health and the environment. "But we will have a vaccine by the end of this decade."

Dr. Fauci said the NIH hopes to begin testing its most promising vaccine in humans by the end of 1993.

In 1991, 11 AIDS vaccines were tested in humans during the year.

Dr. Fauci said that some worthy AIDS research projects will not receive funding due to the budget shortage. Also, he said, some clinical trials involving pregnant women, children and intravenous drug users will be cut back.

Lawmakers were partly to blame for reductions in AIDS funding because last year they did not provide all the money that President Bush asked for in his 1992 budget, Dr. Fauci said.

Myron Essex, M.D., chairman of the Harvard AIDS Institute, told lawmakers that prevention efforts would not control the epidemic.

"Only accelerated biomedical research will prevent the ultimate devastation that AIDS could cause in our young adult population," Dr. Essex said.

- Medical Tribune

In The News

Needle Exchange Passes First Hurdle in Legislature

by Vince Quackenbush

The Assembly Health Committee voted in March to approve bill AB 2525, which would legalize San Francisco's clandestine needle-exchange program, as well as allow other local jurisdictions to establish their own two-year needle-exchange programs, as elements in comprehensive programs to reduce HIV transmission through intravenous drug use.

The measure, co-sponsored by the San Francisco AIDS Foundation and the city and county of San Francisco, was introduced by Assembly Speaker Willie Brown, (D-San Francisco). Co-authors of the bill included Assembly Health Committee members John Burton (San Francisco), William Filante (San Rafael), Lucille Roybal-Allard (Los Angeles) and Jackie Spier (South San Francisco).

The next step in the process for AB 2525 is a hearing before the Assembly Ways and Means Committee, which will consider the state fiscal implications. Since the health policy aspects of the bill have been debated already, and since the only state expenditures involved in this program are the relatively minor costs involved in Health Department approval of program applications, no obstacle to its passage is considered likely.

An identical bill, SB 1418, introduced by Senator Diane Watson (D-LA), is slated to be heard before the Senate Health and Human Services Committee.

Needle exchange programs have encountered strong resistance in the past, especially among African-American groups, because they are seen to sanction the use of illegal drugs. However, data gathered from studies in Tacoma, WA; New Haven, CT; Boston; and New York as well as in Europe, have attested to the value of comprehensive programs which include needle exchange as one of their components, in preventing the spread of HIV among the IV-user population.

– The Sentinel

Stanford Conference Addresses HIV Testing and Health Care Workers

by Arturo Jackson III

A conference entitled "A Healthy Response to AIDS: Policy Priorities for Medicine" was held at the Stanford University Medical Center. The forum featured noted AIDS experts addressing burgeoning HIV issues facing health care workers and the subsequent ramifications surrounding mandated HIV testing.

"Forcing health care workers to be tested for the HIV virus will have a devastating impact on the ability of HIV and AIDS patients to get treatment," stated Dr. Mervyn Silverman, director of the American Foundation for AIDS Research.

"People who are tested positive for HIV, whether they are health care workers or not, already face discrimination in employment, housing, and other areas," stated Benjamin Schatz, gay rights attorney and director of the Medical Expertise Retention Program which provides counseling to health care workers with HIV.

Schatz reported that among health care workers he has counseled, especially those exposed to HIV during a work related accident, many express a sense of abandonment by their peers. Many report that health care professionals they previously worked with expressed opinions against gay people in the medical profession, and did not want to deal with the needs of other health care workers, with HIV or AIDS whether gay or not.

The cost of testing health care workers was addressed by Silverman. "It will cost about $250 million a year to test such workers just once a year," stated the former director of the San Francisco Department of Public Health. It (mandatory testing) will have really little or no effect on (stopping) the transmission of the virus."

Dr. Daniel Hoth, director of the National Institutes of Health's Division of AIDS, reported that the number of HIV infected individuals in the United States is growing exponentially, and at the same time, people with HIV are living longer, ushering in a greater demand for health care workers willing to provide care to HIV and AIDS patients in the 1990s. In a graphic example to show the speed at which the epidemic is growing, Silverman told those in attendance that 45 new AIDS cases had been diagnosed during the course of the nine-hour conference. The first 100,000 cases occurred in the first eight years and in just 26 months, another 100,000," stated Silverman.

"Basketball star Magic Johnson's recent admission that he is HIV-positive and other stories on AIDS have kept the disease in the news, but there really has been much direction from political leaders in terms of health policy and legislation," complained Lee Sanders, co-director of the Health Forum Policy and a second-year medical student. President Bush announced that he will increase the AIDS budget for the next fiscal year by 3.8 percent, or $32 million.

Silverman added, "What we need is an effective health policy that addresses the problems associated with the disease. They include access to quality care, adequate financing, elimination of discrimination, sensitivity to women's and minority needs, effective education, availability of drug treatment and fully-funded research."

Researchers Find Sterilized Women Not Guarding Against AIDS

A study of women already at high risk of AIDS from drug abuse finds that those who have been sterilized take fewer precautions against the disease than their counterparts who still worry about pregnancy. Researchers in 13 Philadelphia drug treatment programs found that two chief risks for AIDS – recent use of needle drugs and having unprotected sex – were more common among women who had previously been sterilized, the U.S. Centers for Disease Control (CDC) reported.

Forty percent of sterilized women said they had injected drugs in the preceding four weeks, compared with 33 percent of non-sterilized women. And only 12 percent of sterilized women said they had used a condom during sex in the preceding four weeks, compared with 28 percent among non-sterilized women.

The CDC cautioned that results from the study "may not be readily generalized to all sterilized women" or other women at risk for HIV who aren't in similar drug treatment. More than one-third of AIDS cases among women in the first 10 years of the epidemic were blamed on heterosexual transmission, a statistic which continues to increase.

– AIDS Weekly

Human Papilloma Virus May Be KS Agent

A virus that causes genital warts may also trigger Kaposi's sarcoma (KS), researchers say. A new study, using the highly sensitive polymerase chain reaction (PCR) technique, confirms preliminary findings that human papilloma virus (HPV) is associated with both the classic and epidemic forms of KS.

Epidemiologic evidence points to an infectious sexually transmissible agent that causes KS. But despite intensive research, researchers have been unable to isolate such an agent.

It was the peculiar epidemiology of KS that led New York University researchers Yao Qui Huang, Alvin E. Friedman-Kien, and colleagues to consider HPV as a possible cofactor in KS. Almost all of the cases of KS among U.S. residents with HIV infection occur among homosexual men, and there have been a number of cases of KS among HIV-negative homosexual men. Cases of KS in U.S.women with HIV infection are far more common in women who acquired HIV from bisexual partners than in those who acquired HIV from exclusively heterosexual drug users. There is a high incidence of HPV infection among homosexual men in the U.S.

In Africa, the KS agent appears to be transmitted heterosexually: the cancer is common among black African women with AIDS. This population also has a high incidence of two types of cancer – cervical intraepithelial neoplasia (CIN) and carcinoma of the cervix – that are associated with HPV infection.

Two reports appear in the February 29, 1992 issue of the *Lancet: Huang et al. (339:515-518)*, and *Nickolff et al., (339:548-549).*

– AIDS Weekly

AIDS CLINICAL TRIALS INFORMATION SERVICE

The AIDS Clinical Trials Information Service (ACTIS), sponsored by the U.S. Public Health Service, offers up-to-date information on federally and privately sponsored HIV/AIDS clinical trials and drugs used in the trials. To access the service call 1-800-TRIALS-A.

In The News

AIDS Survival Time Quadruples; Early Therapy Key

DALLAS - Patients with AIDS are living, on average, four times longer than they were 5 years ago, before AZT was available, and newer drug combinations show promise for extending lives beyond that, Dr. Marcus Conant said at the annual meeting of the American Academy of Dermatology.

The key to continued improved survival is getting patients to treatment as soon as possible. Several new studies have shown that patients who are treated with AZT and other retroviral agents will do better if treated early, when the CD4 count is 500/mm^3, said Dr. Conant, of the University of California, San Francisco, School of Medicine.

"If a patient tells you he has 300 helper T cells and he is not on AZT, you should tell him that treatment clearly improves survival," the physician said.

Clinical studies have continually pointed to the benefits of early intervention in treating AIDS. Because most of the overt early signs of AIDS are dermatologic, the onus of early diagnosis often rests on the dermatologist.

"We have to begin the process, as we are often the ones to see patients early in the course of the disease. It behooves us to suggest that patients consider being tested. Physicians need to consider the possibility of AIDS when there is candida, zoster scarring, adult acne, or other dermatologic features that occur in AIDS.

"Remember, Magic Johnson had zoster a couple of years before he was diagnosed with HIV," the physician said.

Most patients who have CD4 counts of 500 are on AZT; however, some may not get it until the count drops to 250. Patients should be informed of the benefits of early AZT, and dermatologists encouraged to take an active role in informing patients about studies that indicate treatment started at 500 will offer a lower chance of resistance. "If one waits until it is 200, then resistance emerges much faster," he said.

- Internal Medicine News

Relaxation

Continued from page 3

• Pinch shoulder blades back toward spine (rhomboids). Let go.

• Pull shoulders forward (pectorals). Let go.

• Pull shoulders to ears (upper trapezius, etc.). Let go.

• Pull shoulders toward knees (depressors). Relax.

• Pull abdominals in and relax. This alters breathing rhythm, so once again check your breathing. It should be belly breathing.

• Turn head to right, left, and straight ahead. Release all the neck muscles.

• Push back of head into bed with chin up towards ceiling (neck extensors). Let go.

• Lift head one inch above floor (neck flexors). Relax.

• Pull corners of mouth downward. Let go.

• Open mouth wide and stick out tongue. Relax.

• Raise eyebrows and wiggle scalp. Let go.

• Frown. Relax.

• Squeeze eyelids tightly together. Let go.

• With eyes slightly closed and without moving head, turn eyes tight, left, up, down and straight ahead. Relax.

• Squeeze jaws together. Relax jaw muscles so mouth drops almost open.

• Push tongue against roof of mouth. Relax tongue.

• Swallow. Relax.

• Review mentally. Focus on feeling relaxed.

Minimum practice on this lesson at first is one hour per day – two 30-minute periods, six 10-minute periods, four 15-minute periods, or three 20-minute periods. Check your breathing hourly and practice diaphragmatic breathing five minutes out of every hour. Practice is the key to establishing new habits.

(Joseph R. Marszal is president of the Pacific Somatics Institute in San Francisco. 415/753-2615.)

– The Sentinel

Rise

Continued from page 4

lot of personal questions over and over right from the start, in a nonjudgmental way, about their Indian patients' sexual habits. It's especially important to ask because other sexually transmitted diseases, such as gonorrhea and syphilis, also are extremely common in Indian communities.

Dr. Chase said there are other concerns in the management of American Indians with AIDS. "These patients are more likely to look at their disease in terms of spirituality. The concept of illness is often looked at as the result of something done wrong, something coming back to haunt you."

"I have had some patients tell me that they don't believe in AZT or Western medicine, but who will try folk remedies like herbal treatments, special diets, or ceremonies requiring emotional or physical strain," Dr. Chase said.

Physicians should at least be aware of the alternative treatments that are used in their Indian communities because they may affect the way patients respond to the treatments the physicians initiate. But physicians should be careful not to cast value judgments against these treatments, especially if patients put some measure of faith in them.

"Our attitude is that if people feel any treatment is helping them feel better, it should be supported," Dr. Chase said.

– Internal Medicine News & Cardiology News

AFFIRMATION

I claim my own power and I lovingly create my own reality.

Sharp

Continued from page 5

"In fact, the forces of the administration got wind of this and immediately uncoupled an AIDS diagnosis from presumptive disability. What that means is that we as physicians will be called upon to determine whether each patient with AIDS is disabled on the basis of (his or her) functional limitations.

Another factor to consider is the psychosocial implications for the many asymptomatic patients with CD4 counts below 200/cu mm, who will soon be labeled as having AIDS.

There's going to be a great deal of emotional involvement.

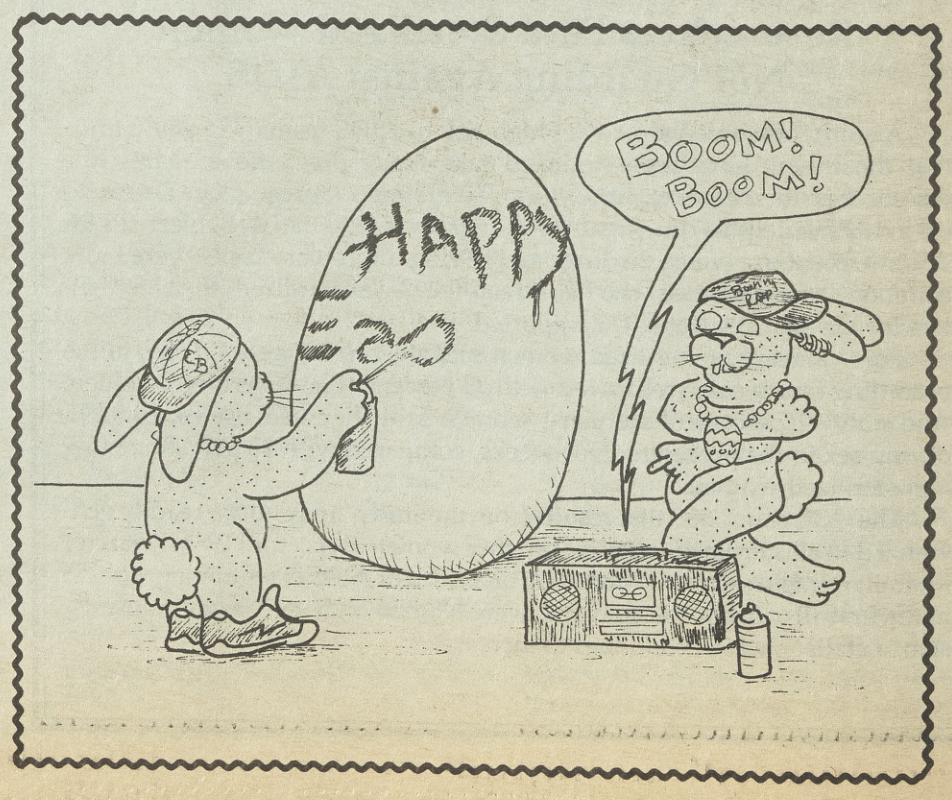
Findings on physical examination that herald rapid progression of disease include candidiasis, oral hairy leukoplakia, multidermatomal herpes zoster, involution of previously enlarged lymph nodes, and chronic nonhealing viral diseases of the skin. Persistent fever, fatigue, weight loss, diarrhea, and night sweats are also all highly correlated with rapid disease progression, Dr. Clement said.

CD4 cell counts are particularly helpful in predicting which patients will respond to antiviral therapy, he said.

Because of a large degree of diurnal, day-to-day, and intralaboratory variation, CD4 counts need to be assessed at least twice a week apart, before initiating antiviral therapy.

Dr. Clement recommended following CD4 counts every 3 months, if not more often. At present, zidovudine therapy is usually begun when CD4 counts are less than 500 cell/cu mm.

– Internal Medicine News & Cardiology News



Memorial

Continued from page 1

and preparing highway signs to designate the groves of memorial trees, RCDC has created a lasting symbol of love and remembrance.

"Just six weeks ago," said RCDC's Tim Larrabee at the March 29 dedication ceremony, "this memorial was just an idea. Julia Mullin and I got together and, with the help of Mike Boyd and other RCDC members, started planning a way for the city to process its unrelenting grief and make the project a reality.

"Sacramento landscape architect Greg Friel donated his time to design the project that includes wildflowers scattered throughout the groves of trees, and guidelines for club members to use in caring for the seedlings for years to come," says Larrabee.

The groves will initially cover parcels at the Bradshaw interchange of Route 50. "Fifty trees were planted on March 29," says Larrabee, "in three triangular sections of the freeway exit located next to the Capitol Christian Center. Some of these trees will have to be moved to another grove because of a mix-up at Cal Trans, which overlooked paperwork indicating the exit is planned for expansion in the near future."

As awareness of the memorial grew, the response was immediate. The gay and lesbian community, hard hit by a continuing nightmare, came forward as usual to show support for the project, but an inspiring show of love came from other directions as well.

"This event is a fitting reminder that there are people throughout this entire city who DO care and will continue to work together to get public funds to fight this disease," said Councilman and Mayoral candidate Joe Serna as he scooped out a shovel of soil and gently laid the first seedling in place. "It's a growing symbol of people pulling together."

One woman from the cadre of volunteer tree planters surrounding the speakers said she wanted Serna and RCDC to be aware that there are "plenty of Republicans out there digging, too!"

In a moving statement, Supervisor Illa Collin said she was there in memory of a "special two-year-old who was recently lost to AIDS."

Janet Bozzo and Ron Motz of All Seasons Wholesale Tree Nursery in Elk Grove donated 50 seedlings for the initial planting. "I wanted to do this to remember two special friends I've lost," said Bozzo. "In their memory, we're donating oaks, redbuds, and other California native trees."

"The trees," said Larrabee, "should grow as much as three times faster than usual thanks to a new technology provided through Monica Evans of the Tree Foundation." At the moment, though, the tiny seedlings aren't much higher than the surrounding high grass blanketing the freeway intersections.

Also blending into the overgrowth was a toddler named Tony, attending the event with his parents, John and Ann. Tony's dad, John, was there not because he and Ann had lost someone to the epidemic, but because he was incensed at remarks made to Christine Kraft by a caller named Lance during a recent radio program. "Lance's remarks were prehistoric and viciously homophobic. Ann and Tony and I came here today to show our anger at those attitudes," said John. "I wonder," he said, "how many others are here today because of Lance's homophobia."

A special gift of $100 was presented to the RCDC Memorial Grove fund by Donald Douglas of the California Teachers Association "in memory of our fallen teachers."

"A contribution of $25 will cover the costs of obtaining and caring for each tree," says Larrabee. "Those wishing to have a tree planted in memory of a friend or loved one can write to RCDC, P.O. Box 161958, Sacramento 95816. Give us the name of the person to be remembered, the dates of their birth and death, and a check for the tree made out to 'RCDC.' Nameplates with this information will not be displayed at the tree sites even after the trees are fully grown because of their inaccessibility. A plaque containing the nameplates will be put on display as soon as an appropriate site has been selected.

"We're very excited about the response to this remembrance," said Larrabee. "Hopefully, at numerous locations throughout the city, in full sight of all Sacramento freeway travelers, these groves of trees will give high visibility to what this epidemic has cost us as a community, and they will provide a way for us to remember Sacramentans lost to AIDS, and to grieve – not only through our common tears – but through these living memorials."

SSA

Continued from page 8

point, disability benefits are lost.

SSA claims that the new regulations expand the listing-level criteria for HIV disease and include manifestations of HIV disease in women and drug-using populations. A closer look, reveals however, that because of a new functional test written into the listed criteria, applying to almost all of the newly added conditions, and the omission of several severe gynecological conditions, it will remain virtually impossible for many women, and low-income individuals, to qualify for benefits if they have HIV illness other than CDC AIDS.

Of the new regulations, Section M is entirely new, and contains the HIV-related impairments not currently recognized by the CDC as AIDS-defining. Section M has three sets of medical criteria, subsections (1), (2) and (3), which lead to a finding of disability if the claimant also meets two of four functional capacity tests contained in M(4).

14.08 M (1)

T4-cell count of 200 cells/mm^3 (or fewer or 14 percent or less lymphocytes); or

14.08 M(2)

Any one or more of the following, persistent and/or resistant to therapy: pneumonia, pulmonary tuberculosis, bacterial or fungal sepsis, meningitis, septic arthritis, endocarditis, peripheral neuropathy, Kaposi's sarcoma.

14.08 M(3)

Any two or more of the following, persisting over a two-month period: anemia; (hematocrit less than or equal to 30 percent); granulocytopenia (absolute neutrophil count less than or equal to 1,000/mm^3); thrombocytopenia (less than or equal to 40,000/mm^3); documented fever (greater or equal to 100.4°F or 38°C); weight loss of greater than or equal to 10 percent of baseline; mucosal (including vulvovaginal) candidiasis other than listed in *14.08 A(1)* or *14.08 C(1)*, oral hairy leukoplakia; chronic/recurrent herpes zoster; persistent dermatological conditions such as eczema, psoriasis; persistent, unresponsive diarrhea; and persistent or recurrent radiographically documented sinusitis.

According to the proposed regulations, persons with any of the conditions listed in section M will be unable to qualify for benefits at the listings level unless they can demonstrate that they have two of the following four functional restrictions described in section *14.08(M)(4)*

(a) marked restriction of activities of daily living; or (b) marked difficulties in maintaining social functioning; or (c) marked difficulties in completing tasks in a timely manner due to deficiencies in concentration or pace; or (d) repeated episodes of decompensation, averaging three times a year or once every four months, lasting two or more weeks each, which cause the individual to deteriorate (which may include loss of adaptive functioning).

The "marked" restriction standard is defined in the introduction to the listing as more than moderate but less than extreme; a degree of limitation "which seriously interferes with the ability to function independently, appropriately, and effective."

Advocates for low-income individuals and women are extremely critical of these proposed regulations. SSA fails to include the following gynecological conditions in the HIV listing: recurrent or refractory pelvic inflammatory disease, recurrent herpes, chronic genital ulcers, syphilis and neurosyphilis. While cervical cancer is included, a FIGO Stage II diagnosis is too stringent a standard. The appropriate standard for invasive cervical cancer is FIGO Stage IB, not Stage II.

Far from curing the years of discrimination, the proposed listing is inherently irrational and biased. It continues to discriminate against persons who do not have CDC AIDS (except KS), by requiring that they prove much more – that their conditions are *persistent* and/or *resistant to treatment*, and that they meet the inappropriate and stringent functional tests. In addition, despite all SSA's claims that they are finally recognizing gynecological manifestations of HIV, only two such conditions appear anywhere in the proposed listing.

– PAAC Notes

Quilt

Continued from page 1

The Quilt is folded and unfolded many times, so use durable materials. If a heavy, quilted material is used, a panel of a single thickness is sufficient. If a light or medium weight non-stretch fabric such as cotton, cloth remnants, or drapery material is used, it may need to be doubled for durability. These two panels can be bonded together when the artwork is completed by a padding such as "stitchwitch," available from fabric stores. The finished panel is 3 feet by 6 feet, but leave about three inches all around (containing no lettering or artwork) for the NAMES Project to hem your panel and connect it to other panels.

Sew all letters or mementos onto the top layer of fabric. Use textile paints, color-fast dye, or indelible ink pens. Trace your design onto the fabric with a pencil (use of a stencil may be helpful), then use a brush to apply textile paints. Do not use any glass or sequins or other materials that can tear the folded quilts. Try to avoid bulky objects such as teddy bears. The best way to include photos or letters is to photo-copy them onto iron-on transfers, iron them onto 100% cotton fabric, and then sew this fabric to your panel. You may also put a photo in clear plastic vinyl and sew it to the panel (off-center so it avoids the fold).

Prepare a one- or two-page letter about the person you have remembered, your place in that person's life, and a photo if you have one, to be kept in the NAMES Project's archives. Be sure to include your name and the name of any others who helped create the panel, as well as all addresses and phone numbers. Be sure to mention the cities you want the panel displayed in, and the full name of the person the panel is for in the event you didn't use his or her full name on the Quilt. If possible, also include a financial contribution to help defray the costs of adding the panel to the Quilt.

Personals

Free numerology chart, send full name on birth certificate. Allow me to nourish your soul: Charles Perry, E-91467, P.O. Box 2000, Vacaville, CA 95696. Be kind to your soul.

Incarcerated SWM, 29, HIV+ looking for female pen pal. Must be looking for sincere friendship. Richard D. Glauner, #E93751, P.O. Box 2000, Vacaville, CA 95696-2000.

Television Production: Looking for people interested in reviving Gay-Lesbian-Bi local programming on cable TV. Free training available at ACCESS Sacramento (Call 456-8600 for info on courses & dates.) Early '92 start-up date! Call Ron Hatch 392-7025.

Healthy, HIV+, Q/W/M, seeks non-stress temporary or part-time work to supplement meager income. Prefer cash. Near R.T. would be helpful. Call 971-0176, but not after 10 p.m.Thanks.

Interested in forming HIV+ support group in the North Area? Open? Closed? Ideas? Suggestions? Call 971-0176, not after 10 p.m.

SW PRE-OPTS, 33, PWARC, on death row at San Quentin. I'm the only girl and HIV+ person here. I'd love to share correspondence w/ an understanding person and perhaps a future visit. Jan Kolmetz, Box E20001, Tamal, CA 94974.

Ads encouraging unsafe sex practices, drugs and drinking, or those containing information deemed by the Editors to be of a derogatory or discriminatory nature in terms of race, HIV status, or other similar issues, will be rejected.

Make a resolution to volunteer with the Sacramento AIDS Foundation in 1992...

BECAUSE A LIFE DEPENDS ON IT!

Volunteering with the Sacramento AIDS Foundation to help those coping with the AIDS epidemic can be a true challenge, yet the rewards are immeasurable.

For more information, contact the Sacramento AIDS Foundation at:
(916)448-2437
920 20th Street
Sacramento, CA 95814

SACRAMENTO AIDS FOUNDATION

Providing care, advocacy and education to meet the challenge of HIV.

Free Personals Next Issue!

Please print ad as follows:

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Signature

SEND TO: PSSN Personals
LAMBDA Community Center
Box 163654
Sacramento, CA 95816

Want to Stop Smoking?

Too busy to take a 7-week clinic?

The LAMBDA Center is now offering a Self-Help Program for our community!

- A one time orientation meeting available any Monday 5:30
- Full program packet FREE
- Bob Hall, Licensed counselor available for free individual help.
- Free drop-in support group available, when you need that extra help!

Call Sue or Ron at the Center, 442-0185 for more info or just show up any Monday at 5:30pm, 1931 L St., Sacramento

LAMBDA COMMUNITY CENTER

20th & L Streets

Serving the gay and lesbian community since 1986

CENTER PROGRAMS

COMING OUT/MEN
Mondays 5:30-7:00 pm, at the Center, 1931 L St., Sacramento. Support group viewing "Coming Out" as a life-long process.

COMING OUT/WOMEN
Thursdays 6:00-7:30 pm, at the Center. Lesbian support group viewing "Coming Out" as a life-long process. Childcare available.

WOMEN'S RAP GROUP
Mondays 7-9 pm at the Center. Social support group for lesbians with weekly topics and a monthly potluck.

BEING ALIVE LIVING ROOM
Thursdays 2-5 pm at the Center. Drop-in social time for PWAs or HIV+ persons.

YOUTH RAP GROUP
Fridays 5:45 pm at the Center, Social support group for gay, lesbian, or bisexual youth under 21.

COMMUNITY OUTREACH AIDS RESPONSE PROGRAMS
Wed., Fri., Sat., Sun., times vary, so give us a call if you would like to join us!

It's Easy for You to Help!
Donations can be deducted from your payroll and designated for the LAMBDA Fund. Volunteers are needed for phones and outreach.

442-0185